work more discreetly. He speculates that there would have been no published reports in Scotland of several investigations that led to major public inquiries in England. The four formal inquiries that have occurred in Scotland during the last decade would, if the same rate were applied to England, have meant about 40!

There is a good concluding chapter on 'Helping Staff' which focuses on that crucial issue—maintaining job satisfaction in the long-stay wards. The low nurse to patient ratio which John Yates of Birmingham has shown to be one of the powerful predictors that a hospital may be in trouble should not in Professor Martin's view deflect attention from the great problem of maintaining morale of nursing staff even when they are adequate in numbers. He shows how nursing manpower increased two and a half times between 1969 and 1981 whilst incidents continued to occur with depressing regularity. It is argued that it is in harnessing the power of the ward working group that the necessary enthusiasm and pride in the job can be maintained. This means ensuring that staff changes stimulate the group without destroying its identity as a dynamic family unit. It means regular meetings where feelings about awkward patients can be expressed and the frustrations of the job admitted. I like the idea of trying to produce a ward culture that allows the 'honest mistake' to be acknowledged and discussed. The same atmosphere should permit questioning by all staff, even the most junior, of those in authority. I found myself thinking that the skills required to facilitate staff groups in this way are those which were nurtured in the halcyon days of the therapeutic community movement which sadly seems to have petered out in British mental hospitals. That movement did not much affect the areas where it is needed most, the long-stay wards.

At the beginning of the book he quotes Sir Keith Joseph who said in 1971: 'I must tell you that one day somebody will write a book about the part that scandal has to play in procuring reform.' This is the book, and those who do not know the history it contains may be doomed to repeat it.

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(A list of hospital inquiries now held in the College Library is given on page 223–24—Eds.)

Occasional Paper No 5: Schizophrenia and Employment. By Michael Floyd *et al.* London: Tavistock Institute of Human Relations, The Tavistock Centre. Pp 74. 1983. £6.50.

This is one in an occasional series of papers from the Tavistock Institute. The senior author, since joining the Tavistock, has worked on projects concerned especially with the employment of disabled people.

The aim of the booklet is to describe the sort of problems schizophrenics face when they return to work after a period of in-patient care. A pilot study in 1977 was followed by the main project which looked at discharged patients who had been admitted between October 1978 and June 1979 to three mental hospitals and three psychiatric units in the London area. Out of 178 potential subjects, 146 were interviewed. The research workers also interviewed DROs, psychiatrists, social workers, occupational therapists, and a number of employers. The patients were followed up for a year after discharge. Of the 130 subjects whose circumstances during the year were known and who were available for employment, 57 per cent were not employed at all and at any given time the unemployment rate was between 60–70 per cent.

The study is full of methodological weaknesses; for example, the method of patient identification was haphazard, the way in which the diagnosis was reached was variable and the interviewing of employers and relatives was patchy. However, the strength of the paper lies in the interesting case reports which for the most part make depressing reading.

The authors highlight four main categories of problems: problems in seeking employment (should the patient disclose his history and how frank should the DRO be with prospective employers); problems in climbing back on the employment ladder (there is little liaison between hospital and employer); problems in adjusting to return to work (patients are often unnecessarily anxious about their performance, colleagues and supervisors often see the patient in a different light—and not always a favourable one); and problems that precipitate the patient into leaving his job (poor attendance, drug side effects, hostile colleagues).

How can the schizophrenic be helped? The authors say more should be done to secure the schizophrenic the 'right job' and 'a good working environment', which they suggest is no different from that of 'normal' people—a job which provides a sense of achievement, offers variety, and where the quality of work is emphasized as much as the quantity. More support should be given at work especially by DROs and social workers.

The major drawback to the study is that it took place in the pre-Thatcher era. There was an unemployment rate of *less than five per cent* among the general population in the areas where the patients were living! In Scotland, Northern Ireland and many areas of England, the unemployment rate has never been as low as five per cent for 20 years or more. Our schizophrenic patients have been at the back of the queue for jobs and have not had the opportunity to experience 'problems at work'. Deciding what the 'right job' should be is a luxury many of our patients and their professional helpers cannot afford.

Rehabilitation for many of our schizophrenic patients in the foreseeable future must veer away from the goal of paid employment in the open market and move towards other activities which patients find satisfying and rewarding—but what these might be for schizophrenics brought up in the 'work ethic' is hard to envisage.

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